

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G635		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/23/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 440 N KNOX ST GARY, IN 46403			
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W0000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of survey: July 16, 17, 19, 20, and 23, 2012</p> <p>Facility number: 001211 Provider number: 15G635 AIM number: 100244030</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/6/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the Condition of Participation of Client Protections was not met as the facility neglected to implement their neglect policy and neglected for 1 of 2 sampled clients (client #2), to provide her prescribed special diet.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement their neglect policy and neglected to provide adequate health care for 1 of 2 sampled clients (client #2), by not providing her prescribed special diet.</p> <p>9-3-2(a)</p>		W0122	<p>Community Services Nurse will re-train DSP's on following each client's individual diets. To ensure future compliance, Community Services Nurse will conduct an observation at mealtime once a month for 3 months and quarterly thereafter. 8/28/12 Service Coordinator and/or Community Services Nurse will retrain all staff for all medical supervision with regards to medical and dietary needs for clients. Training forms will be submitted to the Staff Development Department for tracking and filing. Staff will document dietary restrictions and food prepared on daily logs. Service Coordinator and/or Community Services Nurse will review the logs daily. To ensure future compliance, Service Coordinator and/or Community Services Nurse will visit the group home at least weekly for four weeks and then at least bi-monthly thereafter. the Service Coordinator and Community Services Nurse will review logs daily. All training forms will be submitted within 48 hours of all training sessions to Staff Development Department.</p>		08/22/2012	

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, for 1 of 2 sampled clients and 1 additional client (clients #2 and #4), the facility failed to ensure the clients' rights by not obtaining a legally sanctioned decision maker.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility's administrative office on 7/17/12 at 12:00 P.M.. Review of client #2's "Conference Summary Form" dated 3/11/11 indicated: "Needs assistance with making major life decisions." The "Developmental Assessment" dated 4/4/12 indicated: "Does not use money...requires assistance with all banking/budgeting needs. She cannot be sent on independent shopping errands and does no shopping at present. Is unable to endorse a check, cannot write or print any words, and does not read. Has no understanding of numbers. She is unable to tell time. She does not associate time on a clock with various events. She has no understanding of time</p>			W0125	<p>The Arc Northwest Indiana is currently assessing the criteria for the NIAGS program to possibly obtain guardianship for client #3. The Service Coordinator will continue to monitor the process and provide all necessary documentation to achieve this goal. 8/28/12The Arc Northwest Indiana is currently in the process of retraining an attorney to file guardianship papers for client #1 and other clients in need of guardian by 10/1/12 with court date being scheduled 12/1/12.</p>		08/22/2012

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	<p>intervals, equivalents, or concepts." The Individual Support Plan (ISP) dated 7/6/11 indicated: "Legal Status: Self...Will learn to better communicate by pointing to pictures. Will learn to sort coins...Will learn to recognize her own medications...Is nonverbal and is receiving training in communication."</p> <p>A review of client #4's record was conducted at the facility's administrative office on 7/17/12 at 11:50 A.M.. The "Developmental Assessment" dated 3/30/12 indicated: "Has some difficulty seeing. Unable to walk and uses a wheelchair. Doesn't use money, requires assistance with all her banking and budgeting needs. Cannot be sent on shopping errands and does no independent shopping. Cannot endorse a check, Cannot write or print words. Is nonverbal. No understanding of numbers, unable to tell time, does not associate time on clock with various actions and events. No understanding of time intervals." The ISP dated 6/22/12 indicated: "Legal Status: Self."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 7/17/12 at 12:50 P.M.. The SC indicated clients #2 and #4 did not have legal sanctioned decision makers to assist in making</p>						

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	financial decisions and were not capable of making financial decisions independently. 9-3-2(a)						

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based upon record review and interview, the facility failed to maintain an accurate accounting system for 1 of 4 clients residing at the group home (client #3), for whom the facility managed the client's funds.</p> <p>Findings include:</p> <p>A review of the facility's incident/accident reports was conducted on 7/16/12 at 1:30 P.M.. Review of the reports indicated:</p> <p>Incident report dated 5/2/12: "[Client #3]'s money was connected (sic) on Tuesday night and Wednesday morning by [Direct Support Professional (DSP) #1] and [DSP #2]. On Wednesday evening [DSP #1] informed [DSP #2] there was \$20.00 missing." Further review of the report indicated the funds were missing for client #3's personal petty cash.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 7/17/12 at 12:45 P.M.. The SC indicated staff are to keep an accurate accounting system of</p>	W0140	Service Coordinator will retrain DSPs on timely completion and accuracy of client budgeting. Any discrepancies will be reported to Service Coordinator immediately. To ensure future compliance Service Coordinator will review client budgets and accounts on a bi-monthly basis and at least monthly thereafter.	08/22/2012			

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	all client monies. No documentation was submitted to indicate client #3 was reimbursed for the missing money. 9-3-2(a)						

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview, the facility neglected to implement their neglect policy and neglected to provide adequate health care for 1 of 2 sampled clients (client #2), who needed a special diet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the observation Direct Support Professional (DSP) #1 prepared oatmeal, waffles and sausage patties. At 7:20 A.M., client #2 was observed eating a bowl of oatmeal of regular consistency. At 7:25 A.M., client #2 started coughing repeatedly, had tears in her eyes and saliva coming out of her mouth. DSP #1 walked from the kitchen and placed a cup of water on the table and client #2 began drinking the water. Client #2 repeatedly coughed for about 10 minutes.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 7/16/12 at 7:25 A.M.. DSP #1 indicated client #2 was on a pureed diet.</p>		W0149	<p>Client #2 had a cookie swallow done on 7/26/12. The results indicated client was to have nothing by mouth due to choking risk. A PEG tube was placed on 8/5/12. Community Services Nurse will train DSPs on necessary use and care of the PEG tube. To ensure future compliance, Community Services Nurse will make a mealtime visit monthly for 3 months and quarterly thereafter.</p> <p>8/28/12Service Coordinator and/or Community Services Nurse will retrain all staff for all medical supervision with regards to medical and dietary needs for clients. Training forms will be submitted to the Staff Development Department for tracking and filing. Staff will document dietary restrictions and food prepared on daily logs. Service Coordinator and/or Community Services Nurse will review the logs daily. To ensure future compliance, Service Coordinator and/or Community Services Nurse will visit the group home at least weekly for four weeks and then at least bi-monthly thereafter. the Service Coordinator and Community Services Nurse will review logs daily. All training forms will be submitted within 48 hours of all</p>		08/22/2012	

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	<p>An interview with the group home Licensed Practical Nurse (LPN) was conducted on 7/16/12 at 12:45 P.M.. The LPN indicated client #2 was recommended to have nothing by mouth per her cookie swallow, but her mother refused to allow that diet order, so she was placed on a strict liquid diet. The LPN further indicated client #2 should not have eaten oatmeal due to having been diagnosed as being an aspiration risk.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the observation DSP #3 prepared the meal which consisted of baked chicken, macaroni and cheese, string beans and canned peaches. At 5:30 P.M., DSP #2 gave client #2 a bowl of vanilla pudding for snack. At 6:15 P.M., DSP #3 placed 3 cups in front of client #2, one cup had pureed chicken, another had pureed macaroni and cheese and the other had pureed string beans.</p> <p>An interview with DSP #3 was conducted on 7/16/12 at 6:20 P.M.. DSP #3 indicated client #2 was on a pureed diet.</p> <p>A review of client #2's record on 7/17/12 at 12:30 P.M. indicated a nutritional assessment, dated 12/30/11. Client #2's</p>		training sessions to Staff Development Department.				

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	<p>nutritional assessment indicated she was on a "soft diet with thick it to liquids." Her "Dysphagia Plan" dated 6/21/12 indicated: "Know the symptoms of silent aspiration (choking): watery eyes, gurgley (sic) sound voice, excessive drooling...Know the signs of dysphagia: excessive mouth movement different than normal, difficulty starting to swallow, coughing or choking during or after eating or drinking, and pocketing food in the side of mouth. Only allowed foods and fluids: clear juices, italian ices blended into a juice, milk, plain milk shake (with no pieces of fruit or other additives), blended soups strained after cooking so no particles are present...Foods not allowed: Meat, eggs, fish, puddings, bread or anything of solid or semi-solid consistency...Stop feeding if she begins coughing...consumer must be under supervision continuously while drinking." The most current Physician's Orders (PO) dated 3/29/12 indicated "soft diet with meats cut in small pieces, thin liquids. The most current "Barium Cookie Swallow" dated 7/9/10 indicated: "Current diet: Thin liquids only...Patient presents mild-moderate oral and severe pharyngeal dysphagia characterized by penetration of thin liquids to the vocal cords, penetration of puree observed before and during the swallow which did not clear from the airway. Aspiration of</p>						

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	<p>puree observed during and after the swallow (cough response). Aspiration resulted from a combination of delayed swallow (2-5 seconds)."</p> <p>An interview with the LPN was conducted on 7/17/12 at 11:10 A.M.. When asked why there were different diets ordered for client #2, she stated "I don't know." When asked which diet texture client #2 should be given, she stated "A liquid diet."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 7/17/12 at 12:45 P.M.. The LPN stated "I left a message for the doctor to get clarification on what diet she should be on."</p> <p>A review of the facility's "Policy for Handling Cases of Neglect and Abuse" dated 2/15/12 was completed at the facility's administrative office on 7/17/12 at 6:30 P.M., and indicated: "In order to protect the general welfare of the clients, The [Facility name] has in effect the following policy with regard to abuse, neglect, humiliation, exploitation of clients...prohibits all abuse, neglect and exploitation of our clients...Staff will immediately report any allegations of abuse, neglect or exploitation of our clients per agency reporting procedure...Neglect is defined as failure to</p>						

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	consider and provide for the safety or care of the client and anticipate and remedy the placing of a client in a situation that poses a threat to his/her health and well being...seclusion by placing an individual alone in a room or other area from which exit is prevented; not providing adequate personal care, leaving clients unsupervised." 9-3-2(a)						

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #2) by staff not demonstrating skills and competency to 1. administer medications as prescribed, and 2. provide diets as ordered.</p> <p>Findings include:</p> <p>1. A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. At 7:45 A.M., Direct Support Professional (DSP) #2 picked up a bottle of nasal spray (Fluticasone Prop 50 milligrams spray) and sprayed 1 spray in each of client #2's nostrils. Review of the bottle indicated client #3's name. When asked who the nasal spray belonged to, DSP #2 stated "Someone put it in the wrong drawer."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 7/17/12 at 12:35 P.M.. The LPN indicated DSP #2 should have checked the label three times to make sure it was the right client.</p> <p>2. A morning observation was conducted at the group home on 7/16/12 from 6:15</p>	W0192	<p>The Community Service Nurse will re-train the DSP's on following medication orders and documenting daily or as ordered by the doctor on the Medication Administration Record. DSPs will also be trained on verify the medication labels and documentation match 3 times before administering. To ensure further compliance the nurse will visit group home monthly for three months and periodically thereafter. 8/28/12Service Coordinator and/or Community Services Nurse will retrain all staff for all medical supervision with regards to medical and dietary needs for clients. Training forms will be submitted to the Staff Development Department for tracking and filing. Staff will document dietary restrictions and food prepared on daily logs. Service Coordinator and/or Community Services Nurse will review the logs daily. To ensure future compliance, Service Coordinator and/or Community Services Nurse will visit the group home at least weekly for four weeks and then at least bi-monthly thereafter. the Service Coordinator and Community Services Nurse will review logs daily. All training forms will be</p>	08/22/2012			

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	<p>A.M. until 8:10 A.M.. During the observation Direct Support Professional (DSP) #1 prepared oatmeal, waffles and sausage patties. At 7:20 A.M., client #2 was observed eating a bowl of oatmeal of regular consistency. At 7:25 A.M., client #2 started coughing repeatedly, had tears in her eyes and saliva coming out of her mouth. DSP #1 walked from the kitchen and placed a cup of water on the table and client #2 began drinking the water. Client #2 repeatedly coughed for about 10 minutes.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 7/16/12 at 7:25 A.M.. DSP #1 indicated client #2 was on a pureed diet.</p> <p>An interview with the group home Licensed Practical Nurse (LPN) was conducted on 7/16/12 at 12:45 P.M.. The LPN indicated client #2 was recommended to have nothing by mouth per her cookie swallow, but her mother refused to allow that diet order, so she was placed on a strict liquid diet. The LPN further indicated client #2 should not have eaten oatmeal due to having been diagnosed as being an aspiration risk.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the</p>		submitted within 48 hours of all training sessions to Staff Development Department.				

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	<p>observation DSP #3 prepared the meal which consisted of baked chicken, macaroni and cheese, string beans and canned peaches. At 5:30 P.M., DSP #2 gave client #2 a bowl of vanilla pudding for snack. At 6:15 P.M., DSP #3 placed 3 cups in front of client #2, one cup had pureed chicken, another had pureed macaroni and cheese and the other had pureed string beans.</p> <p>An interview with DSP #3 was conducted on 7/16/12 at 6:20 P.M.. DSP #3 indicated client #2 was on a pureed diet.</p> <p>A review of client #2's record on 7/17/12 at 12:30 P.M. indicated a nutritional assessment, dated 12/30/11. Client #2's nutritional assessment indicated she was on an "soft diet with thick it to liquids." Her "Dysphagia Plan" dated 6/21/12 indicated: "Only allowed foods and fluids: clear juices, italian ices blended into a juice, milk, plain milk shake (with no pieces of fruit or other additives), blended soups strained after cooking so no particles are present...Foods not allowed: Meat, eggs, fish, puddings, bread or anything of solid or semi-solid consistency." The most current Physician's Orders (PO) dated 3/29/12 indicated "soft diet with meats cut in small pieces, thin liquids. The most current "Barium Cookie Swallow" dated</p>						

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	<p>7/9/10 indicated: "Current diet: Thin liquids only...Patient presents mild-moderate oral and severe pharyngeal dysphagia characterized by penetration of thin liquids to the vocal cords, penetration of puree observed before and during the swallow which did not clear from the airway. Aspiration of puree observed during and after the swallow (cough response). Aspiration resulted from a combination of delayed swallow (2-5 seconds)." No documentation was submitted for review to indicate all staff working with client #2 were trained on her prescribed diet.</p> <p>9-3-3(a)</p>						

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to have updated Individual Support Plans (ISP) for 3 of 4 clients residing at the group home (clients #1, #2 and #3), available for all staff who worked at the facility owned day program.</p> <p>Findings include:</p> <p>A facility owned day program observation was conducted on 7/16/12 from 10:20 A.M. until 11:55 A.M.. During the entire observation client #3 was laying in a recliner with a sheet covering her entire body.</p> <p>Client #1, #2 and #3's records were reviewed on 7/16/12 at 10:50 A.M.. A review of client #1's record indicated a most current ISP dated 8/19/10 available for staff who worked with her. A review of client #2's record indicated a most current ISP dated 5/5/10. A review of client #3's record indicated a most current ISP dated 1/24/11. No further documentation was available for review to indicate client #1, #2 and #3's current ISPs were available for staff who worked</p>		W0248	<p>Current ISPs have been sent to both the home and the Day Services Center. To ensure future compliance, a new copy of the ISP will be sent to the home and the Day Services Center any time a change is made or an annual meeting is held. 8/28/12The plans were updated by 8/28/12 and distributed to the day program and the group home by the assigned Community Services Nurse. To ensure future compliance a tracking system to monitor the distribution of the risk plans will be developed and maintained by the Lead Service Coordinator.</p>		08/22/2012	

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	<p>with the clients at the day program.</p> <p>Interview with day program DSP #4 was conducted on 7/16/12 at 11:20 A.M.. DSP #4 indicated client #1, #2 and #3's most current ISPs were not available for the day program staff.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 7/17/12 at 11:30 A.M.. The record indicated a most current ISP dated 6/28/11.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 7/17/12 at 12:00 P.M.. The record indicated a most current ISP dated 7/6/11.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 7/17/12 at 1:15 P.M.. The record indicated a most current ISP dated 6/22/12.</p> <p>An interview with the Service Coordinator (SC) was conducted on 7/17/12 at 12:50 P.M.. The SC indicated the group home and day program staff should have updated ISPs for clients #1, #2 and #3.</p> <p>9-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 2 of 2 sampled clients residing at the group home (clients #1 and #2).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the entire observation client #1 stood on the back porch with no activity. Client #1 did not match money, dial phone and request a person, repeat words and sign or use a communication book. Client #2 sat in her wheelchair with no activity. Client #2 did not identify pictures, identify money, clean table or put away items by matching. At 7:40 A.M., Direct Support Professional (DSP) #2 popped each of client #1's medications and handed them to her. Client #1 was not prompted to respond correctly. At 7:45 A.M., DSP #2 popped out each of client #2's</p>		W0249	<p>The Service Coordinator will retrain DSPs on implementation of objectives and document training. 8/22/12</p> <p>To ensure future compliance, the Service Coordinator will observe implementation of the program objectives at least monthly thereafter.</p>		08/22/2012	

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	<p>medications and administered them. Client #2 was not asked to respond to the route of the medication.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the observation client #1 stood on the back porch with no activity. Client #1 did not match money, dial phone and request person, repeat words and sign or use a communication book. Client #2 sat in her wheelchair with no activity. Client #2 did not identify pictures, identify money, clean table or put away items by matching.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 7/17/12 at 11:30 A.M.. The record indicated a most current ISP dated 6/28/11 which indicated: "Will repeat words and signs initiated...Use her communication book to express her wants and needs and utilize her sign language...Dial phone and request person...matching money...learn medication."</p> <p>A review of client #2's record was conducted at the facility's administrative office on 7/17/12 at 12:00 P.M.. The record indicated a most current ISP dated 7/6/11 which indicated: "Will identify</p>						

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	<p>pictures...Identify money...Clean table...Learn medication route."</p> <p>The Service Coordinator (SC) was interviewed on 7/17/12 at 12:45 P.M.. The SC stated client objectives should be implemented "during times of opportunity." The SC further indicated clients #1 and #2 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p>						

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W0260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 2 sampled clients (client #1), the Service Coordinator (QMRP) failed to revise their Individual Support Plan (ISP) within 365 days of the previous ISP.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 7/17/12 at 11:30 A.M.. Client #1's record indicated a most recent ISP dated 6/28/11. There was no evidence of a more recent ISP.</p> <p>The SC was interviewed on 7/17/12 at 12:50 P.M., and indicated client #1's ISP had not been revised within 365 days of the previous ISP.</p> <p>9-3-4(a)</p>		W0260	<p>ISP will be reviewed and renewed within 365 days of the previous ISP. To ensure future compliance, Service Coordinator will verify updated paperwork both at the group home and Day Services. 8/28/12The IPPs were updated by 8/28/12 and distributed to the day program and the group home by the assigned Individual Program Coordinator. To ensure future compliance a tracking system to monitor the distribution of the IPP will be developed and maintained by the Lead Service Coordinator.</p>		08/22/2012	

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 4 clients residing at the group home (client #4), to promote her dignity by not ensuring she was groomed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the entire observation client #4 was observed to have her hair not combed.</p> <p>A facility owned day program observation was conducted on 7/16/12 from 10:10 A.M. until 11:55 A.M.. During the entire observation client #4 was observed to have her hair not combed.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the entire observation client #4 was observed to have her hair not combed.</p> <p>An interview with the Service Coordinator (SC) was conducted on 7/17/12 at 1:15 P.M.. The SC indicated the group home Direct Support</p>			W0268	<p>DSP will be retrained to provide appropriate levels of support/assistance for personal hygiene needs, using the least intrusive measures. In order to ensure future compliance, the Service Coordinator will observe care during meals and at random times, bi-monthly for three months and at least monthly thereafter.</p>		08/22/2012

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	Professional (DSP) staff are responsible for ensuring client #4 is prompted to comb her hair. 9-3-5(a)						

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #2) by nursing services not ensuring she received the proper diet per her assessed medical need.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the observation Direct Support Professional (DSP) #1 prepared oatmeal, waffles and sausage patties. At 7:20 A.M., client #2 was eating a bowl of oatmeal of regular consistency. At 7:25 A.M., client #2 started coughing repeatedly, had tears in her eyes and saliva coming out of her mouth. DSP #1 walked from the kitchen and placed a cup of water on the table and client #2 began drinking the water. Client #2 repeatedly coughed for about 10 minutes.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 7/16/12 at 7:25 A.M.. DSP #1 indicated client #2 was on a pureed diet.</p> <p>An interview with the group home</p>		W0331	<p>Client #2 had a cookie swallow done on 7/26/12. The results indicated client was to have nothing by mouth due to choking risk. A PEG tube was placed on 8/5/12. Community Services Nurse will train DSPs on necessary use and care of the PEG tube. To ensure future compliance, Community Services Nurse will make a mealtime visit monthly for 3 months and quarterly thereafter.</p> <p>8/28/12Service Coordinator and/or Community Services Nurse will retrain all staff for all medical supervision with regards to medical and dietary needs for clients. Training forms will be submitted to the Staff Development Department for tracking and filing. Staff will document dietary restrictions and food prepared on daily logs. Service Coordinator and/or Community Services Nurse will review the logs daily. To ensure future compliance, Service Coordinator and/or Community Services Nurse will visit the group home at least weekly for four weeks and then at least bi-monthly thereafter. the Service Coordinator and Community Services Nurse will review logs daily. All training forms will be submitted within 48 hours of all training sessions to Staff</p>		08/22/2012	

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	<p>Licensed Practical Nurse (LPN) was conducted on 7/16/12 at 12:45 P.M.. The LPN indicated client #2 was recommended to have nothing by mouth per her cookie swallow, but her mother refused to allow that diet order, so she was placed on a strict liquid diet. The LPN further indicated client #2 should not have eaten oatmeal due to having been diagnosed as being an aspiration risk.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the observation DSP #3 prepared the meal which consisted of baked chicken, macaroni and cheese, string beans and canned peaches. At 5:30 P.M., DSP #2 gave client #2 a bowl of vanilla pudding for snack. At 6:15 P.M., DSP #3 placed 3 cups in front of client #2, one cup had pureed chicken, another had pureed macaroni and cheese and the other had pureed string beans.</p> <p>An interview with DSP #3 was conducted on 7/16/12 at 6:20 P.M.. DSP #3 indicated client #2 was on a pureed diet.</p> <p>A review of client #2's record on 7/17/12 at 12:30 P.M. indicated a nutritional assessment, dated 12/30/11. Client #2's nutritional assessment indicated she was on an "soft diet with thick it to liquids."</p>		Development Department.				

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	<p>Her "Dysphagia Plan" dated 6/21/12 indicated: "Know the symptoms of silent aspiration (choking): watery eyes, gurgley (sic) sound voice, excessive drooling...Know the signs of dysphagia: excessive mouth movement different than normal, difficulty starting to swallow, coughing or choking during or after eating or drinking, and pocketing food in the side of mouth. Only allowed foods and fluids: clear juices, italian ices blended into a juice, milk, plain milk shake (with no pieces of fruit or other additives), blended soups strained after cooking so no particles are present...Foods not allowed: Meat, eggs, fish, puddings, bread or anything of solid or semi-solid consistency...Stop feeding if she begins coughing...consumer must be under supervision continuously while drinking." The most current Physician's Orders (PO) dated 3/29/12 indicated "soft diet with meats cut in small pieces, thin liquids. The most current "Barium Cookie Swallow" dated 7/9/10 indicated: "Current diet: Thin liquids only...Patient presents mild-moderate oral and severe pharyngeal dysphagia characterized by penetration of thin liquids to the vocal cords, penetration of puree observed before and during the swallow which did not clear from the airway. Aspiration of puree observed during and after the swallow (cough response). Aspiration</p>						

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	<p>resulted from a combination of delayed swallow (2-5 seconds)."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 7/17/12 at 11:10 A.M.. The LPN stated "I left a message for the doctor to get clarification on what diet she should be on."</p> <p>9-3-6(a)</p>						

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation and interview for 1 of 11 medications administered to 1 of 2 sampled clients (client #2), the facility failed to ensure the client received all medications without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. At 7:45 A.M., Direct Support Professional (DSP) #2 picked up a bottle of nasal spray (Fluticasone Prop 50 milligrams for allergies) and sprayed 1 spray in each of client #2's nostrils. Review of the bottle indicated client #3's name. When asked who the nasal spray belonged to, DSP #2 stated "Someone put it in the wrong drawer."</p> <p>Client #2's record was reviewed on 7/16/12 at 7:55 A.M. Review of the 7/12</p>		W0369	<p>The Community Service Nurse will re-train the DSP's on following medication orders and documenting daily or as ordered by the doctor on the Medication Administration Record. DSPs will also be trained on verify the medication labels and documentation match 3 times before administering. 8/22/12 To ensure further compliance the nurse will visit group home monthly for three months and quarterly thereafter.</p>		08/22/2012	

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	<p>Medication Administration Record (MAR) indicated client #2 should receive Fluticasone Prop 50 mg nasal spray 1 spray each nostril once a day.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 7/17/12 at 12:35 P.M.. The LPN indicated DSP #2 should have checked the label three times to make sure it was the right client.</p> <p>9-3-6(a)</p>						

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 2 sampled clients (client #2), the facility failed to assure staff followed client's prescribed diet order.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the observation Direct Support Professional (DSP) #1 prepared oatmeal, waffles and sausage patties. At 7:20 A.M., client #2 was eating a bowl of oatmeal of regular consistency. At 7:25 A.M., client #2 started coughing repeatedly, had tears in her eyes and saliva coming out of her mouth. DSP #1 walked from the kitchen and placed a cup of water on the table and client #2 began drinking the water. Client #2 repeatedly coughed for about 10 minutes.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 7/16/12 at 7:25 A.M.. DSP #1 indicated client #2 was on a pureed diet.</p> <p>An interview with the group home</p>			W0460	<p>Client #2 had a cookie swallow done on 7/26/12. The results indicated client was to have nothing by mouth due to choking risk. A PEG tube was placed on 8/5/12. Community Services Nurse will train DSPs on necessary use and care of the PEG tube. To ensure future compliance, Community Services Nurse will make a mealtime visit monthly for 3 months and quarterly thereafter.</p>		08/22/2012

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	<p>Licensed Practical Nurse (LPN) was conducted on 7/16/12 at 12:45 P.M.. The LPN indicated client #2 was recommended to have nothing by mouth per her cookie swallow, but her mother refused to allow that diet order, so she was placed on a strict liquid diet. The LPN further indicated client #2 should not have eaten oatmeal due to having been diagnosed as being an aspiration risk.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the observation DSP #3 prepared the meal which consisted of baked chicken, macaroni and cheese, string beans and canned peaches. At 5:30 P.M., DSP #2 gave client #2 a bowl of vanilla pudding for snack. At 6:15 P.M., DSP #3 placed 3 cups in front of client #2, one cup had pureed chicken, another had pureed macaroni and cheese and the other had pureed string beans.</p> <p>An interview with DSP #3 was conducted on 7/16/12 at 6:20 P.M.. DSP #3 indicated client #2 was on a pureed diet.</p> <p>A review of client #2's record on 7/17/12 at 12:30 P.M. indicated a nutritional assessment, dated 12/30/11. Client #2's nutritional assessment indicated she was on an "soft diet with thick it to liquids."</p>						

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	<p>Her "Dysphagia Plan" dated 6/21/12 indicated: "Only allowed foods and fluids: clear juices, italian ices blended into a juice, milk, plain milk shake (with no pieces of fruit or other additives), blended soups strained after cooking so no particles are present...Foods not allowed: Meat, eggs, fish, puddings, bread or anything of solid or semi-solid consistency." The most current Physician's Orders (PO) dated 3/29/12 indicated "soft diet with meats cut in small pieces, thin liquids. The most current "Barium Cookie Swallow" dated 7/9/10 indicated: "Current diet: Thin liquids only...Patient presents mild-moderate oral and severe pharyngeal dysphagia characterized by penetration of thin liquids to the vocal cords, penetration of puree observed before and during the swallow which did not clear from the airway. Aspiration of puree observed during and after the swallow (cough response). Aspiration resulted from a combination of delayed swallow (2-5 seconds)."</p> <p>9-3-8(a)</p>						

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3 and #4) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the observation Direct Support Professional (DSP) #1 prepared oatmeal, waffles and sausage patties. No sugar/sugar substitute, butter, syrup, milk, cinnamon or ketchup was available for clients #1, #2, #3 and #4's use.</p> <p>An interview with the Service Coordinator (SC) was conducted on 7/17/12 at 12:50 P.M.. The SC indicated condiments should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p>			W0484	<p>The Service Coordinator will re-train the DSP to have condiments available to all clients during all meal times. To ensure future compliance the Service Coordinator will make random visits to monitor the complete dining experience monthly for three months and quarterly thereafter.</p>		08/22/2012

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients living in the group home (clients #1, #2, #3, and #4) participated in family style dining.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/16/12 from 6:15 A.M. until 8:10 A.M.. During the observation Direct Support Professional (DSP) #1 prepared oatmeal, waffles and sausage patties. While DSP #1 prepared the morning meal clients #1, #2, #3 and #4 sat in the living room with no activity. At 7:15 A.M., DSP #1 walked around the table, set each client's prepared bowl and plate on the table. Clients #1, #2, #3 and #4 did not assist in meal preparation and did not serve themselves. Clients #1, #2, #3 and #4 ate their meal independently.</p> <p>An evening observation was conducted at the group home on 7/16/12 from 4:45 P.M. until 6:45 P.M.. During the observation DSP #3 prepared the meal which consisted of baked chicken, macaroni and cheese, string beans and canned peaches, while clients #1, #2, #3</p>		W0488	<p>The Service Coordinator will retrain DSP to have clients participate in the dining experience to the extent of their assessed capabilities. To ensure future compliance, the Service Coordinator will make random visits to monitor participation monthly for three months and quarterly thereafter.</p>		08/22/2012	

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	<p>and #4 sat with no activity. Clients #1, #2, #3 and #4 ate their meal independently.</p> <p>An interview with the Service Coordinator (SC) was conducted on 7/17/12 at 12:50 P.M.. The SC indicated clients #1, #2, #3, and #4 were developmentally capable of participating in the family dining process.</p> <p>9-3-8(a)</p>						